

ATTACHMENT 1 TO SRCAD 2018-02
IN THE CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA

CHECKLIST FOR OPENING FORMAL ADMINISTRATION

Estate of: _____ Case No: _____

Date of Death: _____ Attorney of Record: _____

Age at Death: _____ Marital Status: _____

Decedent's Residence as Listed on Death Certificate: _____

Type of Estate: Testate ☐ Intestate ☐ Ancillary ☐

		Attorney Certification			Review of Attorney Certification
		YES	NO	N/A	CONFIRMED
1. Certified Death Certificate Filed?					
2. Last Will and Testament					
Original Will filed? (or authenticated copy for ancillary) 5.200(j)					
Date of Will: _____ Date of Codicil: _____		Fill in information to left			
If applicable, Notice of Trust # _____ Deposited Will # _____ 732.901 Guardianship # _____ Caveat # _____ 731.110 [If an heir-notify attorney, must serve formal notice before further action may be taken 5.260(f); If a creditor-send Notice to Caveator when Letters are issued 5.260(e)]		Fill in information to the left, if applicable			
If a copy is filed, a petition to establish lost will complying with Rule 5.510 & 5.025 and F.S. 733.207 has been filed?					
Will is self-proved? 732.503, 733.201 If applicable, <input type="checkbox"/> self-proved under law where executed; <input type="checkbox"/> authority provided from other state where executed					
If not self-proved, an oath of witness is filed? 733.201(2)					
Properly executed? 732.502					
If not, proper oath? 733.201(2)/(3)					
3. Petition for Administration contains the following information:					
A statement showing interest of petitioner 5.200(a)					
Petitioner's name and address 5.200(a)					
Petitioner's attorney's name and office address 5.200(a)					
Name of decedent 5.200(b)					

		Attorney Certification			Review of Attorney Certification
		YES	NO	N/A	CONFIRMED
4. PERSONAL REPRESENTATIVE					
Does the Petition Show Priority of Petitioner to Serve as Personal Representative: 5.200(e)					
<u>Intestate</u> 733.301(a)(b)					If yes, mark boxes on left
<input type="checkbox"/> Surviving spouse 733.301(1)(b)1 <input type="checkbox"/> Selected by majority in interest of heirs 733.301(1)(b)2 <input type="checkbox"/> Heir nearest in degree (if more than one applies, court may select the one best qualified) 733.301(1)(b)3 <input type="checkbox"/> Guardian of property of a ward entitled to appointment, or may exercise right to select personal representative 733.301(2) <input type="checkbox"/> If not entitled to preference, notice given 5.201(b)					
<u>Testate</u> 733.301(1)(a)					
<input type="checkbox"/> Personal representative, or successor, nominated by the will 733.301(1)(a) <input type="checkbox"/> Selected by a majority in interest of persons entitled to the estate 733.301(1)(a)2 <input type="checkbox"/> A devisee under the will (if more than one applies, court may select the best one qualified) 733.301(1)(a)3 <input type="checkbox"/> If not entitled to preference, notice given or consent 5.201(b)					
If Petitioner is a nonresident, does Petition show that he/she is qualified to serve? 733.304					
<input type="checkbox"/> Legally adopted child or adoptive parent of the decedent 733.304(1) <input type="checkbox"/> Related by lineal consanguinity to the decedent 733.304(2) <input type="checkbox"/> Spouse, brother, sister, uncle, aunt, nephew, or niece - or someone related by lineal consanguinity to any such person 733.304(3) <input type="checkbox"/> The spouse of a person otherwise qualified to serve 733.304(4)					If yes, mark boxes on left
5. Bond of Personal Representative					
Bond waived in will 733.402 (1)					
Bond waived by all interested parties and waivers are attached 5.235(c)					
6. Miscellaneous					
Proposed Order Admitting Will/Codicil 5.530(c)					
Proposed Order Appointing P/R 5.235(a)(1) (may be combined with above Order)					
Proposed Order provided for Bond, if applicable 5.235(a)(2)					
Oath of Personal Representative and Designation of Registered Agent					If yes, mark boxes on left
<input type="checkbox"/> Notarized 5.235(a)(3) / 5.320 <input type="checkbox"/> Resident Agent Accepted 5.110(d)					
Proposed Letters of Administration 5.235(b)					

I certify that I have personally reviewed the foregoing checklist and it is accurate.

In making the certification, I have relied upon the information set forth in the pleadings and court filings.

Attorney for Estate: _____ **Date:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____

Email address: _____